

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

<p>NAME OF FILER <i>Waste For City Council 2014</i></p> <p>AREA CODE/PHONE NUMBER _____ I.D. NUMBER (if applicable) <i>980093</i></p> <p>STREET ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP CODE _____</p>	<p>Date of This Filing <i>March 6 2014</i></p> <p>Report No. _____</p> <p><input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small></p> <p>No. of Pages _____</p>	<p>Date Stamp CITY OF SANTA CL <i>2014 MAR -6 AM 11:23</i></p> <p>RECEIVED CITY CLERKS OFFICE</p>	<p>CALIFORNIA FORM 497 For Official Use Only</p>
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1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
<i>March 5 2014</i>	<i>Tracy A Burr</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Homemaker</i>	<i>1000.00</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate
<i>March 5 2014</i>	<i>Cole Burr</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker <i>President</i> <i>Burr-Lincoln</i>	<i>1000.00</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

****Contributor Codes**

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____